

Name
in
Full

CERTIFICATE OF DEATH

* MARYLAND

Died at *Town* *Chestertown, Kent-* County *Maryland*

Date of death 19*00* Month *March* Day *15* Age *78* Years Months *3* Days *14*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Retired* Where Residing if not at place of death *Chestertown,*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Charles H. Baker -*

Father's Name *William Young* Father's Birthplace *Maryland*

Mother's Maiden Name *Jane D. Baker* Mother's Birthplace *Maryland*

Name of person giving Information *Lillian Baker Gire* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Progressive Paralysis* How long *8 years.*

Immediate *Paralysis* How long *Last attack 2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. Benge Simmons*

Address *Chestertown Md.*

Accident or Suicide *No.*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Chesterton

Name
in
Full

Still Born Infant

Bramble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond near Stent MARYLAND
 Date of death 1960 Month March Day 15 Age — Years — Months — Days —
 Sex Male Color or Race white Birth-place Ind
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —
 Father's Name John T. Bramble Father's Birthplace Ind.
 Mother's Maiden Name Sarah A. Clark Mother's Birthplace Ind
 Name of person giving Information John T. Bramble How related to deceased Father

CAUSES OF DEATH

Primary Premature

8 How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

W.S. Maxwell,
Still Pond, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Still Road. Chinese yard.

Name
in Full

CERTIFICATE OF DEATH

Peter Brinsfield

Town

County

MARYLAND

Died at

Near Crumpton

Kent

Date

of death

1900 March

Month

Day

5th

Age

63

Years

Months

9

Days

25

Sex

Male

Color or
Race

White

Birth-
place

Talbot

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

S. Matilda Medders

Father's
Name

Foster Brinsfield

Father's
Birthplace

Talbot Co.

Mother's
Maiden Name

Eveline Kirby

Mother's
Birthplace

" Co.

Name of person giving
Information

Evelyn Brinsfield

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Acute Indigestion

How long

12 or 14 hours

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Arthur E. Landers M.D.

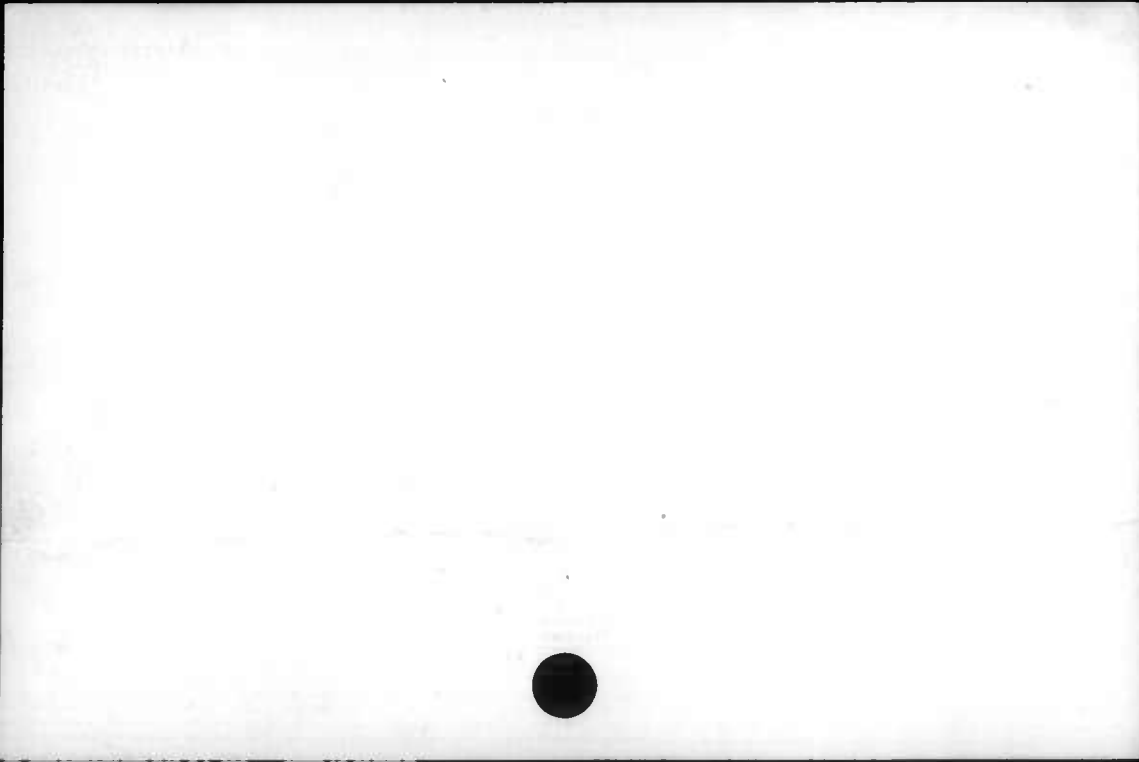
Address

Crumpton

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

4



Name
in
Full

CERTIFICATE OF DEATH

Lofora Briscoe

MARYLAND

Died at ^{Town} Sandy Bottom ^{County} Kent

Date of death 1900. ^{Month} Mar ^{Day} 24 ^{Years} Age 3, ^{Months} ^{Days}

Sex Female ^{Color or Race} African ^{Birth-place} Ind,

Occupation ^{Where Residing if not at place of death}

Married Single or Widowed S. ^{Name of Wife or Husband}

Father's Name Peter Briscoe

Father's Birthplace Kent Wmd.

Mother's Maiden Name Ida Washington

Mother's Birthplace Kent Wmd.

Name of person giving Information John Jones

How related to deceased. none.

CAUSES OF DEATH

Primary Pneumonia. Right side 5 days.

Immediate exhaustion 5 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. W. Smith
Chestnut #2
Ind.

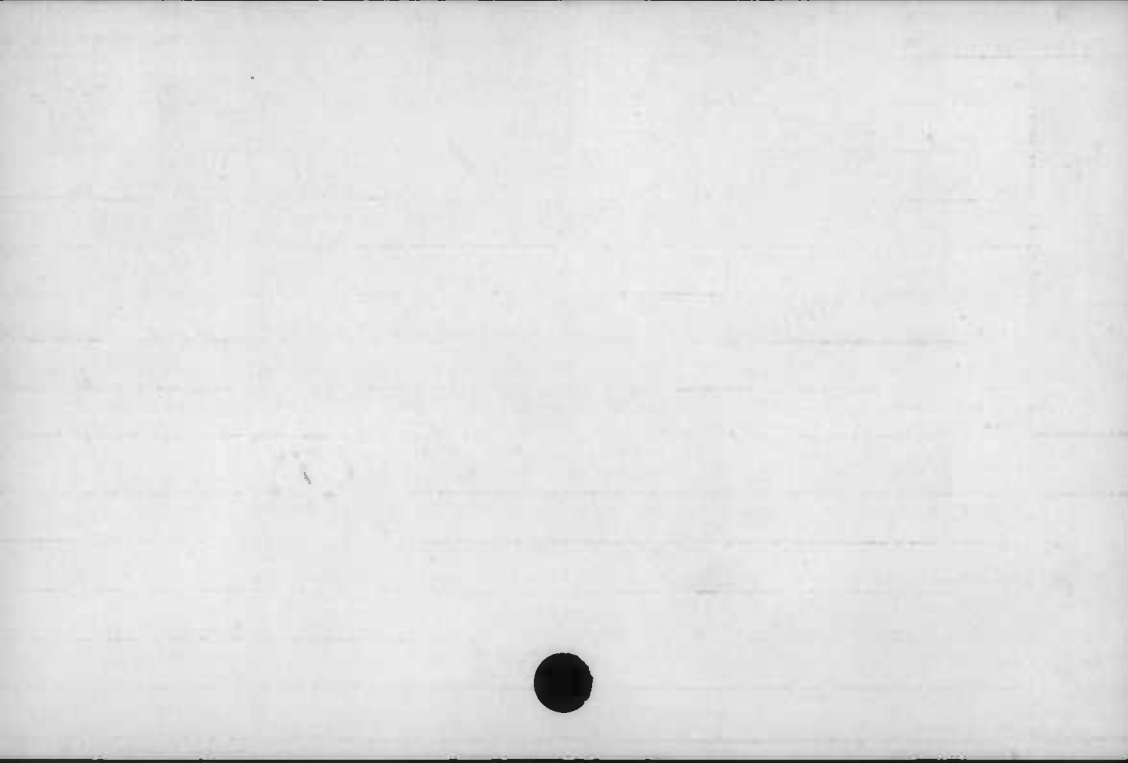
Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER

Sandy Bottom

Name in Full		Bernard A. Burns				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Galena	County Kent	MARYLAND		
		Date of death		1910	Month 3	Day 2	Age Years 1	Months Days 3
		Sex		Male	Color or Race		White	Birthplace
		Occupation				Where Residing if not at place of death		Kent Co. Md
		Married, Single or Widowed				Name of Wife or Husband		
		Father's Name		Michael A. Burns		Father's Birthplace		Kent Co. Md.
Mother's Maiden Name		Sarah J. Mulford		Mother's Birthplace		Kent Co. Md.		
Name of person giving information		M. A. Burns		How related to deceased		Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Capillary Bronchitis				6 days		
		Immediate				How long		
		pulmonary congestion				a few hours		
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. Wm. Labine,		
				Address		Galena, Md.		
Accident or Suicide?								



Name in Full Amberose Palmer Carroll CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chester town ^{Town} Kent ^{County} MARYLAND

Date of death 1900 Nov ^{Month} 20 ^{Day} Age 73 ^{Years} 4 ^{Months} 11 ^{Days}

Sex Male Color or Race White Birth-place Md.

Occupation Carpenter + Wheelwright ^(Incarcerated for 20 yrs.) Where Residing if not at place of death Died at home

~~Married, Single or Widowed~~ Name of Wife or ~~Husband~~ Sallie Anne Paxson

Father's Name Jno W. Carroll Father's Birthplace Md.

Mother's Maiden Name Maria Louisa Palmer Mother's Birthplace Md.

Name of person giving Information Sarah Elizabeth Coffey How related to deceased Daughter

CAUSES OF DEATH

Primary La Grippe How long Two Weeks

Immediate Pneumonia How long One Week

Are the name, age, sex, color, data and place correctly given above? Yes Signature of Physician Harry L. Davis

Address Chester town, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Chas. Todd
Chester Cemetery

Name
in
Full

CERTIFICATE OF DEATH

Mary Carter

Town

County

MARYLAND

Died at

Mbromee

Kent

Date

of death

19dU

Month

Mar

Day

16

Age

Years

62

Months

Days

Sex

Female

Color or
Race

Colord

Birth-
place

Kent

Med

Occupation

book & servant

Where Reaiding if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

not known

Fathar's
Name

Samuel Carter

Father's
Birthplace

Kent Co, Md

Mother's
Meiden Name

Mary Wynson

Mothar's
Birthplace

Kent Co, Md

Name of person giving
Information

Betty Strickman

How related
to deceased

son

CAUSES OF DEATH

Primary

Influenza

How long

Immediata

Inanation

How long

Are the name, age, sex, color, data
and place correctly given above?

yes as

Signature of
Physician

Address

J. W. Military

Accident or Suicide

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

10

Milatota

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robert E Colgain

Town

County

Died at *Near Sassafras*

Date

of death 1910

Month

March

Day

14

Age 70

Years

Months

—

Days

9

MARYLAND

Sex

*Male*Color or
Race*White*Birth
place*Duane Anne's Co*

Occupation

*Farmer*Where Residing if not
at place of death*Near Sassafras Md.*Married, Single
or Widowed*Widowed*Name of Wife or
Husband*Louis Colgain*Father's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*Unknown*Mother's
Birthplace*—*Name of person giving
information*Clark Colgain*How related
to deceased*Grandson*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Mitral Valve disease

How long

Several years

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. J. Wright M.D.**Warwick*

Accident or Suicide?

Maryland

Mellington Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND		
near Kennedyville		Kent						
Date of death		19	Month	Day	Age	Years	Months	Days
19		10	Mar	19	37		Don't know	same
Sex	Male	Color or Race	col.	Birth-place	Kent Co			
Occupation	Farm Hand		Where Residing if not at place of death	Same as above				
Married, Single or Widowed	Married		Name of Wife or Husband	Lizzie Bellver				
Father's Name	Seymour Botten		Father's Birthplace	Kent Co				
Mother's Maiden Name	Minnie Bellver		Mother's Birthplace	" "				
Name of person giving Information	Lizzie Ringol		How related to deceased	Aunt				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ulceration of Bowels	How long	6 Months
Immediate	Exhaustion	How long	2 Weeks
Are the name, age, sex, color, data and place correctly given above?	yes	Signature of Physician	Jas W. Urie M.D.
		Address	Kennedyville Md.
Accident or Suicide			

Chas. L. Doad.
Morgneck

Name
in
Full

Willard Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town
Died at Near Coleman County Blent MARYLAND

Date of death 1900 Month Me Day 26 Age 1 Years Months 1 Days 10

Sex Male Color or Race Black Birth-place md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Alfred Dixon Father's Birthplace md

Mother's Maiden Name Louise Wales Mother's Birthplace md

Name of person giving Information Alfred Dixon How related to deceased Father.

CAUSES OF DEATH

Primary Pneumonia 93 ✓ How long two weeks

Immediate Heart Failure How long

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

L. P. Atwell M.D.
Still Pond,
md.

Accident or Suicide

PHYSICIAN
OR CORONER
K

Name
in
Full

Eliza Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond Town Stent County MARYLAND
Date of death 1900 Month March Day 24 Age 70 Years Months - Days -
Sex female Color or Race Black Birth-place Md
Occupation Servant Where Residing if not at place of death -
~~Married, Single~~ Widow Name of Wife or Husband William Dorsey
Father's Name Samuel Johnson Father's Birthplace Md
Mother's Maiden Name Margret Redding Mother's Birthplace Md
Name of person giving Information Samuel Johnson How related to deceased Brother

CAUSES OF DEATH

Primary Pneumo-pneumonia 92 ✓
How long a week.
Immediate Heart failure.
How long

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician

W.S. Maxwell.

Address

Still Pond, Md.

Accident or Suicide

Mt Zion Ch Ycl

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Laubson Stair* Town *Kent* CountyDate
of death *1900*Month *3*Day *15*

Age

Years *36*

Months

Days

Sex

*male*Color or
Race*white*Birth-
place*Md.*

Occupation

*farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
Husband*Sarah Galloway*Father's
Name*Joshua Galloway*Father's
Birthplace*Ireland*Mother's
Maiden Name*Katharine Powers*Mother's
Birthplace*Ireland*Name of person giving
Information*James Thompson*How related
to deceased*father-in-law*

CAUSES OF DEATH

Primary

Pulmonary Phthisis

How long

3 years

Immediate

infection

How long

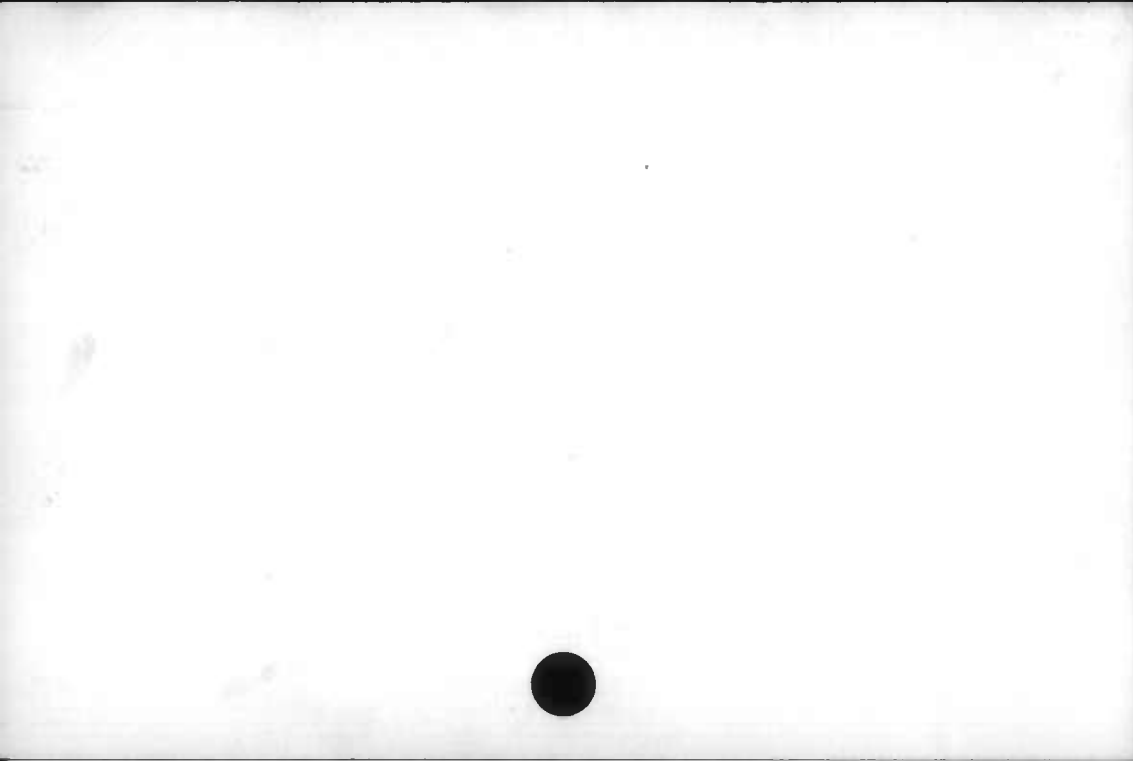
*2 weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*L. W. Latimer M.D.*

Address

*Galena.**Md.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Still born

Graves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Charlestown</u>		County <u>Kent</u>		MARYLAND	
Date of death 19 <u>60</u>	Month <u>Mar</u>	Day <u>1</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Rse <u>col</u>	Birth-place <u>Med</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm Graves</u>		Father's Birthplace <u>Med</u>			
Mother's Maiden Name <u>Ettie Johnson</u>		Mother's Birthplace <u>Med</u>			
Name of person giving Information <u>Fanny Johnson</u>		How related to deceased <u>Grandmother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>	How long <u>8</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. J. Simpson</u>
	Address <u>Charlestown</u>
Accident or Suicide <u>No</u>	

Chas L Dodd
Chester town

Name
in
Full

Name in Full
Frances Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
 NEAREST FRIEND

Died at *Near* ^{Town} *Mary* ^{County} *Hunt* **MARYLAND**
 Date of death *1990* Month *3* Day *17* Age *53* Years Months Days
 Sex *Female* Color or Race *Black* Birth-place *MD.*
 Occupation *Housewife* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband *John Harris*
 Father's Name *Frank Munson* Father's Birthplace *MD*
 Mother's Maiden Name *Unknown* Mother's Birthplace *MD*
 Name of person giving information *husband* How related to deceased

CAUSES OF DEATH

Primary

Hypertrophy of Heart 79 *2 yrd*
 How long
 How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

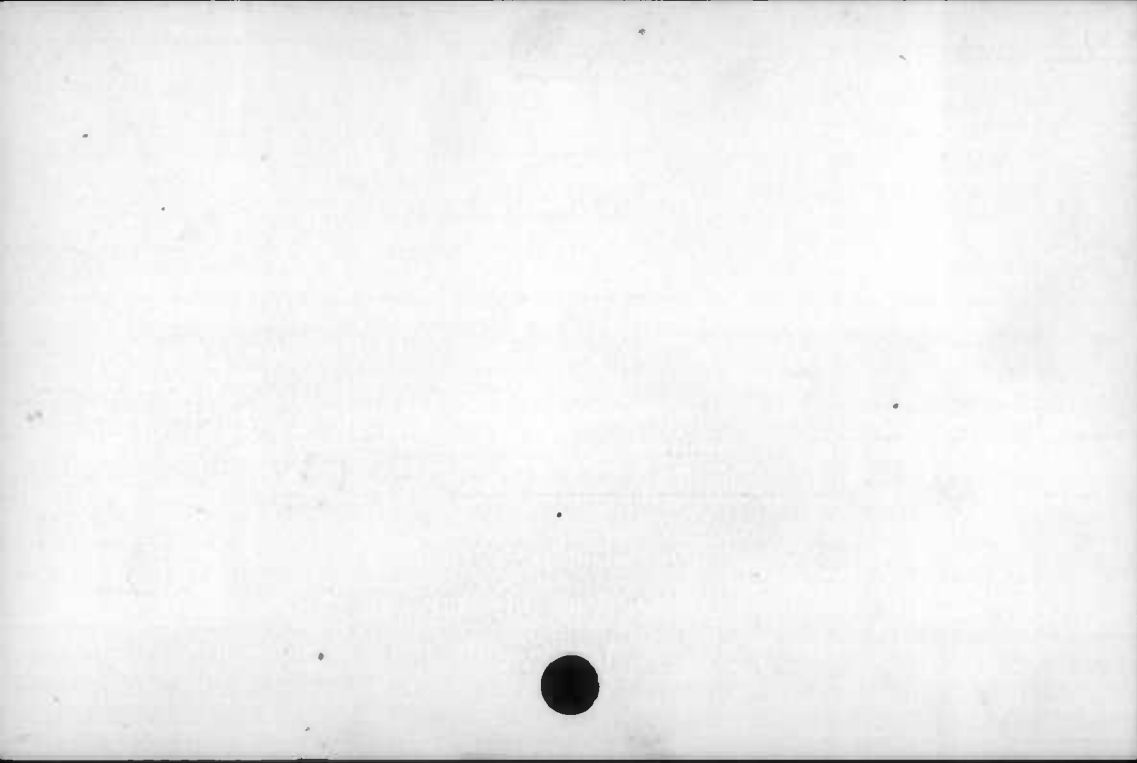
yes

Signature of Physician

Address

Dr. W. H. Jacobs
Millington
MD

Accident or Suicide?



Name
in
Full

Ruth- Armintha Hop. Kins
Town Edesville County Kent

CERTIFICATE OF DEATH

MARYLAND

Died at Edesville
Date of death 1960 Mar 16
Month Mar Day 16
Age 4 Years 16 Months Days

Sex Female Color or Race Black Birth-place Kent-Co Md
Occupation None

Where Residing if not at place of death at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Samuel L Hopkins Father's Birthplace Kent-Co Md

Mother's Maiden Name Lola Corsey Mother's Birthplace Kent-Co Md

Name of person giving Information Samuel L. Hop. Kins How related to deceased Father

CAUSES OF DEATH

61

Primary Meningitis How long One week

Immediate Asthenia How long One week

Are the name, age, sex, color, date and place correctly given above? yes

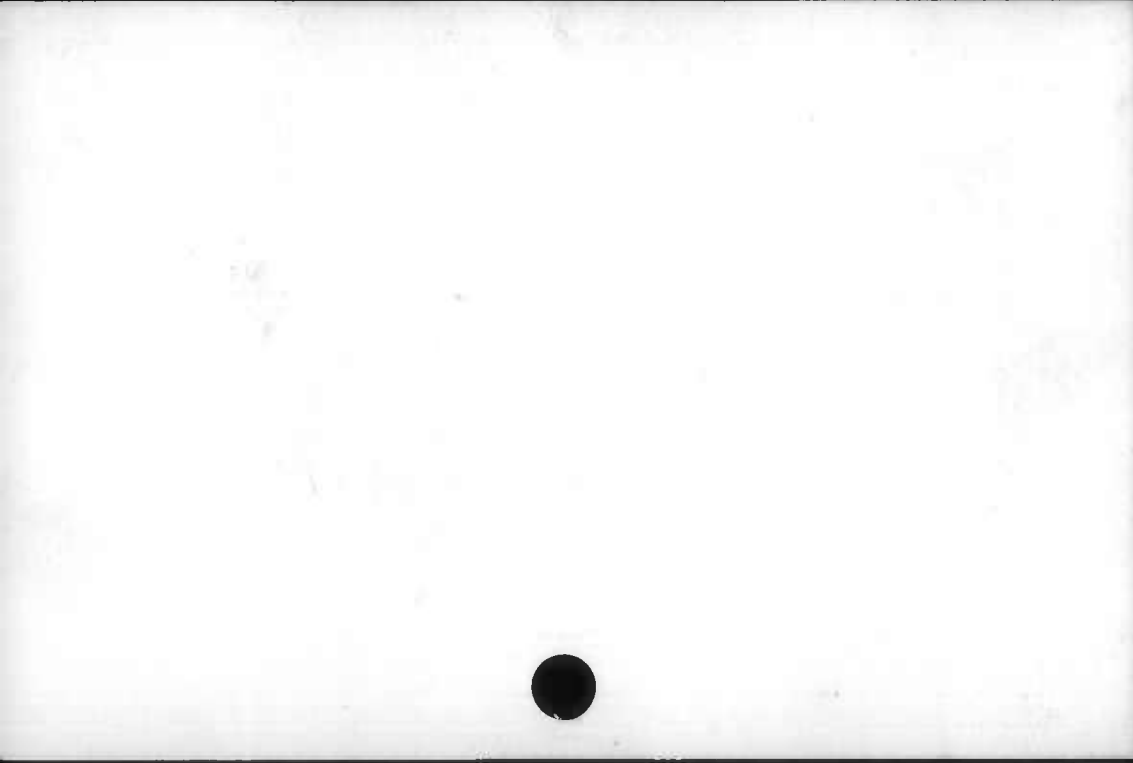
Signature of Physician J. H. Schwatka M.D.
Address Rock Hall Md

Accident or Suicide no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah Johnson*

Died at *Brookneck* Town *1 Cent* County

Date *196* Month *Mar* Day *15* Age *78* Years Months Days

Sex *Female* Color or Race *Col* Birth-place *Pa*

Occupation *Wm* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Amos V. Johnson*

Father's Name *Perry Kennard* Father's Birthplace *Pa*

Mother's Maiden Name *Clara Green* Mother's Birthplace *N.Y.*

Name of person giving Information *Sam Smith* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Infirmit of res.* How long *several years*

Immediate *As the case* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. H. Simpson*

Address *6 W. 1st St.*

Accident or Suicide *No*

New Jersey

Name
in
Full

CERTIFICATE OF DEATH

Leonard Jones

Town

County

MARYLAND

Died at

Near Kennedyville

Kent

Date

of death

19*80* *Mar*

Month

Day

21

Age

Years

11

Months

Days

21

Sex

Male

Color or
Race

Wol.

Birth-
place

Kent Md

Occupation

Went to School

Where Residing if not
at place of death

" "

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Harry Jones

Father's
Birthplace

Kent Md

Mother's
Maiden Name

Annie Course

Mother's
Birthplace

Georgia

Name of person giving
Information

Warren Jones

How related
to deceased

Georgia

CAUSES OF DEATH

Primary

La Grippe

How long

2 weeks

Immediate

" "

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

*Dr. W. W. Threlkeld
Kennedyville
Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

10

✓

" "

Richard L. Dodd
at
Morg Neck

Grand father
Warren Jones

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Sarah Marten		Town Millington		County Kent.		MARYLAND	
Died at		Month Mar		Day 30th		Years 76	
Date of death		Age 76		Months —		Days —	
Sex Female		Color or Race White		Birth-place Kent Co. Md			
Occupation Housewife		Where Residing if not at place of death at home					
Married, Single or Widowed Married		Name of Wife or Husband John W Martin					
Father's Name Edwin Will		Father's Birthplace Md					
Mother's Maiden Name — Wilson		Mother's Birthplace Md					
Name of person giving Information Wm W. Will		How related to deceased Nephew.					

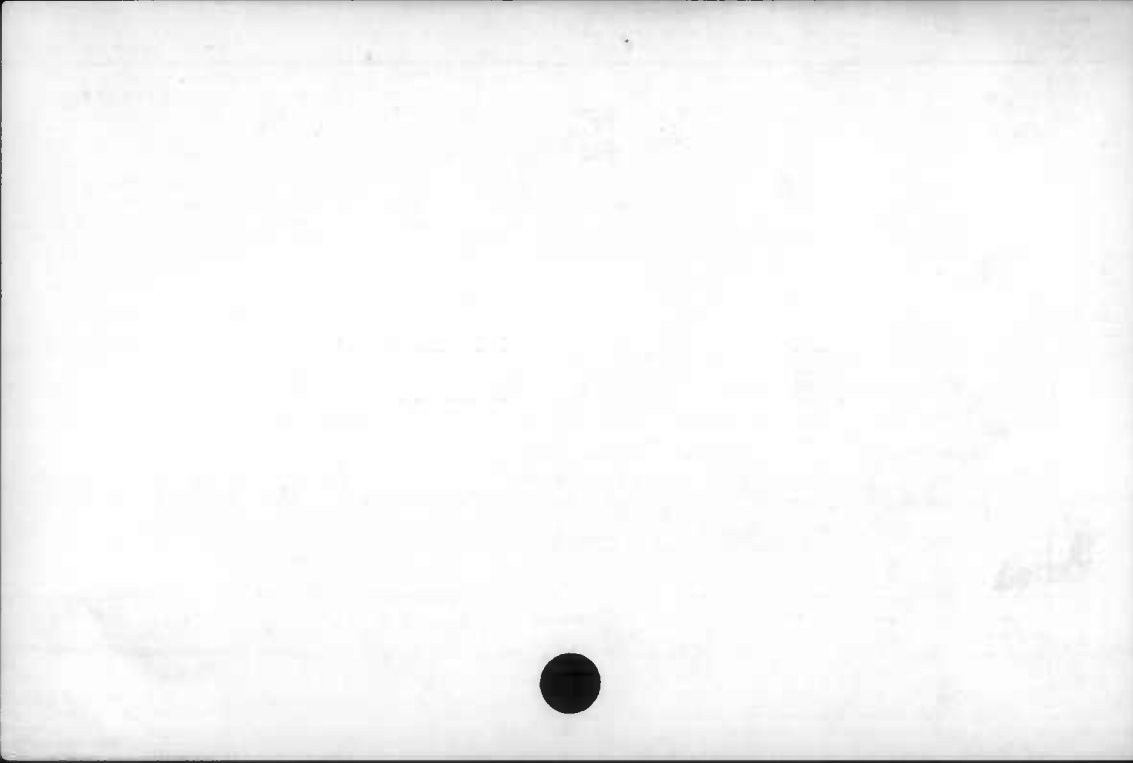
CAUSES OF DEATH

10

V

PHYSICIAN
OR CORONER

Primary	La Grippe with Pleurisy	How long	Ten days.
Immediate	Exhaustion.	How long	—
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J P Loman Md	
		Address Millington Md	
Accident or Suicide			



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maggie Scott</i>		Town <i>Bk Faler Town</i>		County <i>1 Line</i>		MARYLAND	
Died at <i>Bk Faler Town</i>		Month <i>March</i>		Day <i>36</i>		Years <i>21</i>	
Date of death <i>1966</i>		Month <i>March</i>		Day <i>36</i>		Age <i>21</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Chesapeake Md</i>		Months <i>—</i>	
Occupation <i>Cook</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>		—	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		—		—	
Father's Name <i>Alex Scott</i>		Father's Birthplace <i>Unknown</i>		—		—	
Mother's Maiden Name <i>Sarah Richardson</i>		Mother's Birthplace <i>" "</i>		—		—	
Name of person giving Information <i>Lillie Scott</i>		How related to deceased <i>Sister</i>		—		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>		How long <i>4 yrs.</i>	
Immediate <i>Exhaustion</i>		How long <i>6 mo</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas W Whaland</i>	
Address <i>Chesapeake Md</i>		—	
Accident or Suicide <i>—</i>		—	

Morgue

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret DeKalb Smith</i>		Town <i>Chester town</i>		County <i>Kent</i>		MARYLAND	
Died at		Month <i>Mch</i>		Day <i>14</i>		Years <i>4</i>	
Date of death <i>1960</i>		Month <i>Mch</i>		Day <i>14</i>		Years <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Kent Co</i>		Days <i>28</i>	
Occupation <i>Attorney at Law</i>		Where Residing If not at place of death <i>Chester town</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs Addie Smith</i>					
Father's Name <i>James Smith</i>		Father's Birthplace <i>Caroline Co Md</i>					
Mother's Maiden Name <i>Ann B. Snook</i>		Mother's Birthplace <i>Kent Co.</i>					
Name of person giving Information <i>Suey Dodd</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

Primary	<i>Cardiac Neuralgia</i>	How long <i>2 hours</i>
Immediate	<i>Cardiac Neuralgia</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. Benge Simmons</i>
<i>yes</i>		Address <i>Chester town md</i>
Accident or Suicide <i>no</i>		

PHYSICIAN
OR CORONER

Chas L. Dodge.

Rehston Cemetery.

Name
in
Full

CERTIFICATE OF DE

Florence Kelley Starb

MARYLAND

Died *near Melitola* Town *Kent.* County

Date of death 19*60* Month *Mar* Day *2* Age *43* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ind.*

Occupation *Housework* Where Residing if not at place of death

Married, Single or Widowed *W* Name of Wife or Husband *Harry Starb*

Father's Name *Thomas L. Bowers* Father's Birthplace *Kentwood*

Mother's Maiden Name *Susanna Kelley* Mother's Birthplace *Kentwood*

Name of person giving Information *Chas Bowers* How related to deceased *Niece*

138

CAUSES OF DEATH

Primary *Pregnancy (Miscarriage)* How long *3 mos.*

Immediate *Acute atrophy of liver* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank W. Smith* Address *Chesterton #2 Ind.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. U. Church yd

Name in Full		Thomas Romaine Strong				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rock ^{Town} Hall		Kent ^{County}		MARYLAND		
	Date of death	1940	Month	March	Day	16th	Age 68	
						Years	8 Months 6 Days	
	Sex	Male		Color or Race	White		Birth-place	Kent County,
	Occupation	Agriculturist		Where Residing if not at place of death				
	Married, Single or Widowed		Married		Name of Wife or Husband			Charlotte A. Stiches.
	Father's Name	Thomas A. Strong				Father's Birthplace	Kent County,	
Mother's Maiden Name	Catherine A. Eagle				Mother's Birthplace	Kent County,		
Name of person giving information	Charlotte A. Stiches				How related to deceased	Wife		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Heart disease				How long	8 weeks	
	Immediate	Exhaustion				How long	One day	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
Accident or Suicide?		<div style="display: flex; align-items: center;"> <div style="width: 50px; height: 50px; background-color: black; border-radius: 50%; margin-right: 10px;"></div> <div> Walter O. Selby M.D. Rock Hall, Md. </div> </div>						

79

Charles D. D. J.
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

James A. Sutton

Died at ~~Levy~~ ^{Town} Levy ^{County} KentDate of death 1960 ^{Month} March ^{Day} 15 Age ^{Years} 76 Months — Days —Sex Male Color or Race White Birth-place Kent-co
Occupation Retired Where Residing if not at place of death LevyMarried, Single or Widowed Single Name of Wife or Husband —Father's Name John Corville Sutton Father's Birthplace Kent-coMother's Maiden Name Caroline Ann Black Mother's Birthplace Kent-coName of person giving Information Mrs L. Moffett How related to deceased Sister

CAUSES OF DEATH

Primary General debility. 154 How long a week.
How long

Immediate

Are the name, age, sex, color, data and place correctly given above? yes.

Signature of Physician

Address

W. S. Maxwell.
Still Pond. Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

News being

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Britt's near</i> <i>Kent</i>		County	
Date of death	19 <i>60</i> <i>Mar</i>	Day <i>16</i>	Age <i>23</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Kent Co</i>	
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>Kent Co</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Chas. Thomas</i>		
Father's Name <i>Irishy Gordon</i>	Father's Birthplace <i>Kent Co</i>		
Mother's Maiden Name <i>Lizzie</i>	Mother's Birthplace <i>Kent Co</i>		
Name of person giving information <i>Jas Thomas</i>	How related to deceased <i>Brother in Law</i>		

CAUSES OF DEATH

Primary	<i>Pulmonary tuberculosis</i>	How long <i>27</i>
Immediate	<i>Exhaustion</i>	How long <i>About 5 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Frank B. Jones</i>
		Address <i>Chester town Md</i>
Accident or Suicide?	<i>No</i>	

Char L. Dodd.

Broadneck

Kent Co
Md.

Name
in
Full

George. H. Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *New Millington* Town *Kent* County

MARYLAND

Date of death *1940* Month *3* Day *19* Age *17* Months *—* Days *19*Sex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Farmer* Where Residing if not at place of death *at home*Married, Single or Widowed *Minor* Name of Wife or HusbandFather's Name *James A. Townsend* Father's Birthplace *Maryland*Mother's Maiden Name *Lorenna M. Say* Mother's Birthplace *Pennsylvania*Name of person Information *Stella M. Townsend* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Tuberculosis* How long *28* *9 months*Immediate *11*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

H. C. Conway
Millington

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1900	Month	March	Day	8	Age	64
Sex	Male		Color or Race	White		Birthplace	Kent Co.
Occupation	Farmer		Where Residing if not at place of death		Kent Co.		
Married, Single or Widowed	Widower		Name of Wife or Husband		Arlan Kilbourn		
Father's Name	John E. Vickaro, Sr.				Father's Birthplace	Kent Co.	
Mother's Maiden Name	Annie E. Barclay				Mother's Birthplace	Kent Co.	
Name of person giving information	Paul Vickaro				How related to deceased	Brother	

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary	Exhaustion	How long	Several weeks
Immediate	Chronic Cystitis, Prostate Dis.	How long	About 1 year
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Frank B. Hines, M.D.
		Address	Chestertown, Md.
Accident or Suicide?	no		

St Pauls

Name
in
Full

CERTIFICATE OF DEATH

Olga Walbert

Town

County

MARYLAND

Died at near Chestertown

King

Date of death 1960 Mar 17

Age 85

Months 11

Days 2

Sex female

Color or Race

white

Birth-place

Pennsylvanian

Occupation

Unemployed

Where Residing if not at place of death

Near Chestertown

Married, Single or Widowed

Name of Wife or Husband

Barbara Walbert

Father's Name

James

Father's Birthplace

Penn

Mother's Maiden Name

Donc Know

Mother's Birthplace

Name of person giving Information

Mrs. B. F. Rank

How related to deceased

daughter

CAUSES OF DEATH

Primary

Septic Gangrene

How long

one year

Immediate

Septic Gangrene

How long

one year

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. Bengel Simmons
Chestertown
Md.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Accident or Suicide

Christentown

Name
in
Full

Shadrack Washington Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *New Rock Hall* Town *Kent* County *MARYLAND*

Date of death 19*80* Month *Mar* Day *10* Age *79* Months *9* Days *—*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Elizabeth S Glenn*

Father's Name *Peter Watkins* Father's Birthplace *Maryland*

Mother's Maiden Name *Not Known* Mother's Birthplace *Not Known*

Name of person giving Information *Charles Watkins* How related to deceased *Son*

CAUSES OF DEATH

Primary *Supported Heart*
Heart disease and dropsy

How long

2 weeks

Immediate *Exhaustion*

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank C. Wilkins J.D.
Noting Coroner
Rock Hall
Kent Co

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

George Henry Wath

CERTIFICATE OF DEATH

Died at ^{Town} Mrs Chustestown^{County} Kent

MARYLAND

Date
of death 1960

Month

Mar

Day

9th

Age

Years

72

Months

Days

Sex
Occupation

Male

Color or
Race

White

Birth-
place

Ind

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary Jewell

Father's
Name

Geo Wath

Father's
Birthplace

Ind

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Mrs Frank Joulson

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Pneumonia

How long

One week

Immediate

Coronary failure

How long

several hours

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

115 Sunnyside
Chesapeake

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

James A. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chester town ^{Town} 1 Cent ^{County} **MARYLAND**

Date of death 1960 ^{Month} Mar ^{Day} 18 ^{Years} 2 ^{Months} 1 ^{Days}

Sex Male Color or Race col Birth-place md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name James F. Williams Father's Birthplace md

Mother's Maiden Name Elizabeth Wallen Mother's Birthplace md

Name of person giving Information Father How related to deceased —

CAUSES OF DEATH

Primary Pneumonia 99 ^{How long} 9 days

Immediate Heart Failure — ^{How long} cannot know

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. P. Simpson
Chester town

Accident or Suicide NoPHYSICIAN
OR CORONER

Chas L. Dodd
Pomona